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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/585,624			ing Date 04/2008	To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN
	FOR	N	JMBER FIL	.ED NUI	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A	ı	N/A		1	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A	ı	N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(a), (p),		N/A		N/A		N/A			N/A	
(37	FAL CLAIMS CFR 1.16(i))	_	minus 20 =			П	x \$ =		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =			П	x s = 1		1	X 8 =	
☐APPLICATION SIZE FEE (37 GFR 1.16(a)) If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1/6) and 37 GFR 1.16(s).											
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						П					
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	12/22/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	* 3	Minus	20	= 0	П	X \$30 =	0	OR	x s =	
	Independent (37 CFR 1.16(h))	• 1	Minus	3	- 0	П	X \$125 =	0	OR	X S =	
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
ENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,15())		Minus		-	П	X \$ =		OR	x s =	
M	Independent (37 CFR 1 16(h))		Minus	***	-		X \$ =		OR	x s =	
N N	Application Size Fee (37 CFR 1.16(s))					П			l		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					П			OR		
									OR	TOTAL ADD'L FEE	
*If the entry in column 1 is less than the entry in column 2, write "01 in column 3. Legal Instrument Examiner: *If the "Highest Number Previously Paid For" N THIS SPACE is less than 20, enter "20". *If the "Highest Number Previously Paid For" N THIS SPACE is less than 3, enter "3". *The "Highest Number Previously Paid For" (Total or Independent) is the highest number to und in the appropriate box in column 1. *The "Highest Number Previously Paid For" (Total or Independent) is the highest number to und in the appropriate box in column 1. *The Total Ford Independent is somewhere \$1.0 CERT 1.0 It. The independent is previously a benefit by the paids which is to 10 it and the the LISETO to the column 1.											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application. Confidentiality is governed by 38 US. C.12 and 37 CFR 1.1.4. This collection is estimated to bette 21 miturels to comprise, including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any commerts on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Cells information Office. U. S. Patent and Trademark Office, U. S. Department of Commerce, P.O. Box 1490, Alexandris, VA 22319-1450, D.O. NOT ISSNOT PESS OR COMPLETED FORMS TO THIS ADDRESS SERVO TO: Commissionment for Patents, P.O. Box 1490, Alexandris, VA 22313-1450.